

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1490 Office of Registrar of Vital Statistics. Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clarence Magruder Boozs

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Two Years, four Months, five Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 635 Haw St

Cause of Death, { First (Primary), Second (Immediate), } Convulsions
Heart Failure

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, July 19 1887

{ Undertaker, H. Boozs }

{ Place of Business, 404 Conway St Address, 76 Columbia Ave }

Jos. Blum M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks hereon, and to the fact that the same should be filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

Health Department, City of Baltimore.

Permit No.

1491

Office of Registrar of Vital Statistics

Ward

8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 18th 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Andrew W. Connolly

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

43

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Sealover

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balto Md

Duration of Residence in the City of Baltimore,

During Life

Place of Death,

{ Give Street and Number. }

915 Grove Street

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Heat Prostration

Duration of Last Sickness,

abt 4 hours

All the above information should be furnished by the Physician.

Place of Burial,

St Patricks Cemetery

Date of Burial,

July 20th

Undertaker

H. L. Wiedefeld

Medical Attendant.

Place of Business

916 Greenmt Ave

Address, 927 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 1492 Office of Registrar of *Vital Statistics*

Ward

12^e

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death,

7.17.87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Simpson

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

45

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

none

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

England

Duration of Residence in the City of Baltimore,

60 yrs

Place of Death,

{ Give Street and Number. }

1030 M. C. Church

Cause of Death,

{ First (Primary),

Second (Immediate),

age

Duration of Last Sickness,

few days

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cemetery

Date of Burial,

July 19th

{ Undertaker,

H. C. Wiedefeld

Medical Attendant.

{ Place of Business,

916 Greenmount

Address,

Box 772 Levitt

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1493 Office of Registrar of Vital Statistics. Ward 4th

The Physician who attended any person in a last illness, or the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 19th 1887.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

John H. Leffler.

Sex, Male ☒ Female ☐

{ Cross out the word not required in this line. }

Age,

Years,

2

Months,

23.

Days,

Color,

White

~~Married~~, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Balto. City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and Number. }

413 N. High St.

Cause of Death,

{ First, (Primary), }

Cholera infantum

{ Second, (Immediate), }

Duration of Last Sickness,

3 weeks.

All the above information should be furnished by the Physician.

Place of Burial

Holy Cross Cem'ty

Date of Burial

July 20 1887

Edmund Conlynn M. D.,
Medical Attendant.

{ Undertaker, }

Jas. P. Byrne

{ Place of Business, }

302 N. Bay

935 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1494 Office of Registrar of Vital Statistics.

Ward 6th

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Krauss

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 Years, 3 Months, 3 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } +

Occupation, +

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 118 N. Chapel St.

Cause of Death, { First (Primary), Second (Immediate), } Chol. Infantum

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Lutern Cem

Date of Burial, July 19 1887

{ Undertaker, John Henning } A. V. Goswiler M. D.

Medical Attendant.

{ Place of Business, 2008 N. E. Ave. } Address, 233 S. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

1495

Office of Registrar of Vital Statistics.

Ward

17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 16
John Furor

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

2

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

B. City

Duration of Residence in the City of Baltimore,

2 mths

Place of Death, { Give Street and Number. }

1116 Leadenhall
Institution

Cause of Death, { First (Primary),
Second (Immediate), }

2 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer C.

Date of Burial,

July 19th

W. H. O'Leary

M. D.

Undertaker,

W. H. Dippel

Place of Business,

15 N. Bond.

Address,

715 Lytle

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1496 Office of Registrar of Vital Statistics. Ward 3rd

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Melinda A. Bowen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 59 Years, Months, Days

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland,

Duration of Residence in the City of Baltimore, Lifelong

Place of Death, { Give Street and Number. } 1740 E. Baltimore St.

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, 2 m

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 22, 1887

{ Undertaker, J. W. Horck M. D.

{ Place of Business, 1005 E. Baltimore St. Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 1497 Office of Registrar of Vital Statistics. Ward 5th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18 - 1887

Full Name of Deceased, Thomas Murphy {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 Years, _____ Months, _____ Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give Street and Number.} 830 Emerson Street

Cause of Death, {First (Primary), Interference & Malnutrition
Second (Immediate), Pulmonary Consumption}

Duration of Last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, Public Cem

Date of Burial, July 19, 1887

{Undertaker, Geo. R. R. R. M. D.

{Place of Business, Health Dept Address, 103 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of

Board of Health, City of Baltimore.

Permit No. A. 1498 Office of Registrar of Vital Statistics. Ward 9th

The Physician who attended any person in a last illness, is responsible for the accuracy of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within forty-eight hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Knabe

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 46 Years, 2 Months, 18 Days,

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation Barkeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and Number. } 315 Sharp St

Cause of Death, { First (Primary), congestive Apoplexy.
Second (Immediate), from excessive heat }

Duration of Last Sickness, about one hour

All the above information should be furnished by the Physician.

Place of Burial, London St. Cemetery

Date of Burial, July 20th { Chas. F. Heuser M. D. Medical Attendant.

{ Undertaker J. W. Holl

{ Place of Business #421 Hanover St. Address, 214 Sharp St

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[OVER.]

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Health Department, City of Baltimore.

Permit No. 1499 Office of Registrar of ~~Vital~~ Statistics.

Ward 12⁴

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles A King

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 0 Years, 11 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give Street and Number. } 583 Baker St

Cause of Death, { First (Primary), Second (Immediate), } Inflammation of bowels
Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 19

Undertaker, Andrew Rohde

Place of Business, 730 Penna Ave Address, 2100 Omaha Hill Ave

Chas E Satter M. D.

Medical Attendant.

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[OVER.]